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AUTHOR Echterling, Lennis G.
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ABSTRACT

This paper presents an overview of the planning, implementation, and evaluation of a mental health continuing education program in rural Virginia. An initial needs assessment found that professionals, paraprofessionals, and volunteers need further training in innovative treatment approaches, community intervention, and prevention strategies. The staffing and roles of the planning and evaluation committees are reviewed. The program's training events, consisting of 75 workshops involving over 1400 participants, as well as workshop topics, goals, participants, and locations are discussed. Participant reactions, follow-up information and other data are presented in evaluating the program. The impacts of the program, its problems and potentials are delineated. (Author/NRB)

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A Rural Program for Enhancing Prevention and Intervention Skills

Lennis G. Echterling, Ph.D.
Mental Health Continuing Education Program
Harrisonburg, Virginia

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A Rural Program for Enhancing Prevention and Intervention Skills

Introduction

There recently has been a greater awareness of the mental health worker's need for continuing education (Bloom & Pared, 1977; Jones, 1975). Some attention also has been given to the special challenges of providing continuing education to human service workers in rural settings (Horejsi & Deaton, 1975; Kohn, 1978). This paper presents an overview of a mental health continuing education program in the central Shenandoah Valley area of western Virginia. Bordered by the Blue Ridge and Appalachian Mountains, the area is not only predominately rural, it is also somewhat geographically isolated.

Program Development

A needs assessment, done in 1977, revealed a significant number of professionals, paraprofessionals, and volunteers expressing a need for further training, particularly in innovative treatment approaches, community intervention, and prevention strategies. There were, however, few opportunities for continued training in the Valley. Individuals had to travel to urban areas or large university settings to participate in seminars, workshops and courses. Consequently, a great amount of the limited funds budgeted by agencies for training was spent on travel, food and lodging expenses.

In response to this need, the Mental Health Continuing Education Program (MHCEP) was formed in October 1978. Funded primarily by a grant from the National Institute of Mental Health, the program also has been receiving local support in the form of fees paid by training participants, use of training facilities, office equipment and office space. It has been staffed by one director and one assistant.

The first several months involved the establishment of a firm foundation for the program by developing efficient office procedures, setting up working relationships with the institutions and agencies participating in the project, organizing several planning and evaluation committees in the area, and making preparations for specific training events.

The planning and evaluation committees have played an important part in the program's development. The committee members include administrators, psychologists, social workers, counselors, health professionals, ministers and volunteers. The members represent different levels of the administrative heirarchy in mental health and mental retardation services; alcohol and drug abuse services; youth, aging and family services; mental health associations; health services; and school systems. Each committee represents all of the services of a particular county in the central Shenandoah Valley. The purpose of the committees is to communicate what training needs and interests people and agencies have, to give feedback about the training offered, and to assist in developing and presenting training events.

The committees meet separately every other month. Additionally, individual members often participate in the planning and implementation of specific training programs. Most members have been actual participants in several training events as well. The result of the work by these committees is that the MHCEP is in constant contact and communication with persons who are in mental health and related fields, and who are involved in the specific concerns that confront this largely rural area. The committees also have stimulated local initiative in identifying resources and talent, and have helped provide an effective communication link with the target population. Input, feedback, and planning are, consequently, a continuous process.

Training Events

The program's training events began in February, 1979. Since then, a total of 75 workshops have been completed, involving over 1400 participants in 824 hours of training. The topics of these workshops have included, for example, teaching relaxation skills, leading counseling groups, organizing community education programs, promoting mental health in schools, working with the dying client, supervising counselors, rational emotive therapy, communication skills, time management, community support systems, crisis intervention, incest, and gestalt therapy.

The participants in these workshops have included not only mental health professionals but also paraprofessionals, volunteers, teachers, law enforcement officers, social workers, nurses, clerical workers, and hairdressers.

In addition to involving a variety of topics and trainees, the training programs have taken place in a variety of locations throughout the central Shenandoah Valley. We select the site of a particular workshop so that it is easily accessible to the participants and appropriate for the training design.

The focus in these workshops has been on helping participants gain new knowledge, explore and clarify their attitudes, and develop or refine their skills. Consequently, most workshops have been designed to have a low leader - participant ratio, personalized goals, and practical learning experiences. Also, the emphasis has been on the application of new knowledge, attitudes and skills to the participants' work settings. Therefore, setting goals, carrying out projects, and discussing possible applications are encouraged in ongoing workshop sessions and follow-up sessions.

All training activities are evaluated by the participants. Most evaluations have been done using a form with items having a scale from 1 (low) to 7 (high) on different aspects of the training program, such as activities,

workshop leader, materials and overall quality. The mean participant evaluation of the overall quality of each training experience has ranged from 4.8 to 6.9, with 79% of the workshops receiving a mean overall evaluation of 6.0 or above. Written and verbal comments are also requested, received, and reviewed.

Follow-up evaluation is accomplished by questionnaire two months after the end of each workshop. The questionnaire includes scaled items concerning the achievement of the workshop objectives and open-ended questions concerning the participants' application in the job setting of the knowledge and skills gained during the workshop. The percentage of participants applying their new knowledge and skills to their work settings at follow-up have ranged from 50% to 100%, with 88% of the workshops having at least 75% of their participants actually using the knowledge and skills two months later.

Conclusions

The experience of planning, coordinating and evaluating a continuing education program in mental health has led me to several conclusions.

First, such a program, particularly in a relatively isolated rural area, can be very cost effective. The majority of an agency's training funds can go for the actual training of its staff, instead of travel, lodging and meals. Even bringing in an outside consultant to offer a workshop is less expensive than sending several staff members to the out of state training program.

Second, local workshops provide tremendous opportunities for greater contact and interaction between staff members of different agencies. They not only have a chance to share their common problems, but they are also able to take with them the feelings of cohesiveness and closeness that often emerge during a training experience. These feelings have gone a long way in facilitating coordinated efforts among agencies.

Third, locally offered training presents greater potential for extended programs and follow-up sessions. Participants are not required to take "crash courses" or extended leaves of absence to receive significant, intensive training. Regularly scheduled, brief sessions enable participants to acquire new knowledge and skills at a more appropriate pace. And follow-up sessions give participants a chance to reconvene to discuss both the difficulties they encountered and the successes they experienced in applying new knowledge and skills to their particular work situations.

Fourth, the program has provided the opportunity to "custom-design" training events to fit the specific needs of local participants dealing with local problems and local clientelle. Moreover, our frequent use of area consultants to offer training has enabled us to repeat easily those workshops where registration exceeded the limit.

Finally, because their agencies are usually small and their communities have few formal resources, mental health workers in rural areas require a wide variety of skills and a general knowledge of a variety of problems. Consequently, MHCEP has offered a broad range of training topics and has avoided specialization. Similarly, it is rarely possible to design a workshop for only one select, professional group. Typically, the participants will have varied backgrounds in education and experience. Designing a meaningful, relevant educational experience for all the participants often presents challenging problems.

Acceptance of the program has grown strong and MHCEP has developed a reputation for offering high quality, relevant training. This acceptance has generated an even greater demand for the service. Now, individuals frequently make requests for training in particular areas. Agencies and institutions also have sought us out to offer their staff inservice training, or to plan and im-

plement cosponsored training events.

MHCEP has demonstrated that a rural continuing education program can be a very efficient use of limited training funds when it is easily accessible and conveniently available, responsive to local needs, flexible in its design, and effective in its training methodology.

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